



Application for Foreign Limited Liability Partnership

Registration of this name does not guarantee exclusive right to disregard protection against unauthorized use of this name, (U.C.A. Section 48-1-42). When approved, your Limited Liability Partnership is registered for one (1) year. The last words of the name must be "Limited Liability Partnership" (LLP). An Original Certification of Fact or Good Standing from the Office of the Secretary of State, or other responsible Authority of the State in which the Limited Liability Partnership is formed, must accompany this application. Return fees with two (2) copies of this application.

1. Limited Liability Partnership name: _____
(Name of Limited Liability Partnership in the Home State)
2. Is a Limited Liability Partnership registered in the U.S.? If so, list state: _____
3. Registered on the _____ day of _____, ____.
4. Purpose of Limited Liability Partnership: _____
5. Principal Address: _____
Street Address Only City State Zip
6. Minimum 2 Partners: _____ 7. Phone Number: _____
8. **Registered Agent:** [] Check this box if the name on line 8 is the agent only.

Print Name of Registered Agent	Signature of Registered Agent	Daytime Phone Number

Street Address	City	Utah Zip

Authorized Partner(s) attach additional pages if needed:

Under penalties of perjury and as an authorized partner, I declare that this application, and if applicable, the statement of change of registered office and/or agent, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

Print Name	Signature

Street Address	City State Zip

Print Name	Signature

Street Address	City State Zip

The Limited Liability Partnership shall use as its name in Utah: _____
Must be the same as number (1) unless the name is not available in Utah.

Where to file: You may file in person, by mail or by fax. Means of payment are, cash, check or money order payable to the "State of Utah". Please include one (1) self addressed envelope with application. **If you are faxing you must include, on cover sheet, the number of a Visa or MasterCard with the date of expiration.**

Mail In: PO Box 146705
Salt Lake City, UT 84114-6705
Walk In: 160 East 300 South, Main Floor
Information Center: (801) 530-4849
Toll Free: (877) 526-3994 (within Utah)
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>